

WASHINGTON STATE



2600 Martin Way E
Olympia, WA 98504
1-800-634-4473

APPLICATION FOR APPOINTMENT

Mail Application to above address
Application must be postmarked by **MARCH 17, 2006**

Application Instructions:

Type or print clearly

Complete the entire application and supplemental questionnaire; sign and date it

Please attach a current resume

Name		Street Address	
City	County	State	Zip Code
Home Phone:	Work Phone:	Fax:	Business E-Mail Address
Cell Phone:			Home E-Mail Address
ARE YOU: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN or PACIFIC ISLANDER <input type="checkbox"/> OTHER (please describe):	
APPOINTMENT HISTORY: <input type="checkbox"/> 1 ST TIME APPOINTMENT <input type="checkbox"/> REAPPOINTMENT			
REPRESENTATION: <input type="checkbox"/> Person with a Developmental Disability <input type="checkbox"/> Parent of a child with a developmental disability <input type="checkbox"/> Parent of an adult child with a developmental disability <input type="checkbox"/> Relative, Parent, or Guardian of a person with a developmental disability who is or was in an institution <input type="checkbox"/> Other (please describe)			
Please list three (3) non-family references with addresses and phone numbers. At least two of these references should be professional (employer, child's teacher, civic leader, elected official, etc.)			
1. _____			
2. _____			
3. _____			
What is your Legislative District			
What is your Congressional District			
Are you a registered voter in the state of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education: (high school, name and location of college or university, year graduated, and degree:	
Current Employment: (job title, employer, employment date, contact and phone number of employer	
Memberships in professional, civic organizations or government boards or commissions (please include offices held and dates of terms).	
Community Service/Volunteer Activities	
Date of Birth:	
Have you ever been convicted of a crime (excluding traffic offenses under \$100.00? If so, explain. Yes_____ No_____	
I swear the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected. I hereby authorize the Washington State Developmental Disabilities Council to obtain any and all records pertaining to me on file with the Department of Motor Vehicles, Washington State Patrol, and law enforcement agencies. I agree that this information may be utilized by the Governor's office for any decision that directly relates to my application for appointment to the Washington State Developmental Disabilities Council.	
Signature	Date

What is a Developmental Disability?

A “developmental disability” means a severe and chronic disability of an individual that is:

- a. Attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the individual attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitations in three (3) or more of the following areas of major life activity:
 - 1. self-care;
 - 2. receptive and expressive language;
 - 3. learning;
 - 4. mobility;
 - 5. self-direction;
 - 6. capacity for independent living;
 - 7. economic self-sufficiency; and
 - 8.
- e. Reflects the need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

The DD Act requires the membership of the Council to reflect the ethnic and geographical diversity of the state. The Act also requires us to have a representation of not less than 60% of our membership to consist of individuals with developmental disabilities, parents or guardians of a child with developmental disabilities or relatives/guardians of adults with developmental disabilities.

This application is available in alternate formats upon request.

You may receive copies of this form by calling 1-800-634-4473.